

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066291

1. Entity Name

BUSY BEE MASONRY, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90014 017 ***150.00

Principal Place of Business 111 CHADWICK DR. JUPITER FL 33458	Mailing Address 111 CHADWICK DR. JUPITER FL 33458-5538
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>Palm Beach Co.</u>	3. Mailing Address <u>P.O. Box 253</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <u>Florida</u>	City & State <u>Jupiter, FL</u>
Zip <u>33468-0253</u>	Country <u>Palm Beach</u>

4. FEI Number <u>65-0937070</u>	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROSS, DENNIS 111 CHADWICK DR. JUPITER FL 33458

7. Name and Address of New Registered Agent Name <u>Dennis Ross</u> Street Address (P.O. Box Number is Not Acceptable) <u>6701 Mallards Cove Rd #19-D</u> City <u>Jupiter</u> FL Zip Code <u>33458</u>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Dennis Ross DATE 1-20-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>ROSS, DENNIS</u> <u>111 CHADWICK DR.</u> <u>JUPITER FL 33458</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Dennis Ross</u> <u>6701 Mallards Cove Rd #19-D</u> <u>Jupiter, FL 33458</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis Ross REQUIRED DATE 1-20-2000 DAYTIME PHONE # 561-762-3045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR